

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		18/	3/1
FORMALITY REVIEW	H E	466	05.14.01
RESPONSE FORMALITY REVIEW	im	927	05/21/01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1		✓	✓
2		✓	✓
3		✓	✓
4		✓	✓
5		✓	✓
6		✓	✓
7		✓	✓
8		✓	✓
9		✓	✓
10		✓	✓
11		✓	✓
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49		✓	✓
50		✓	✓

Claim	Final	Original	Date
51		✓	✓
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99		✓	✓
100		✓	✓

Claim	Final	Original	Date
101		✓	✓
102		✓	✓
103		✓	✓
104		✓	✓
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142		✓	✓
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146		✓	✓
147		✓	✓
148		✓	✓
149		✓	✓
150		✓	✓

C.C.
03-14-01

If more than 150 claims or 10 actions
staple additional sheet here

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